

MUSCOGEE CREEK NATION
DIVISION OF HOUSING

P.O. Box 297 Okmulgee, OK 74447 / 918.756.8504 / 1.800.259.5050

APPLICATION
for
ELDERLY HOUSING

Applicant Name _____

FOR OFFICE USE ONLY		
Received by	Date	Time

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED!

APPLICATION ASSISTANCE & INFORMATION STATEMENT

If you are handicapped or disabled, or have difficulty completing this application, please advise us of your need when you receive this application, or call us to schedule assistance. If you would prefer to have a Housing staff member who speaks Creek help you complete this application, we will be glad to assist you.

Our phone number is **1-800-259-5050** or **1-918-756-8504**.
Call between the hours of **8:00 a.m.** and **5:00 p.m.**

Appropriate assistance will be provided in a confidential manner and setting.

Answer all questions on your application:
Please answer all questions truthfully. We will verify your answers. Any misrepresentation of information related to eligibility, preference for admission, allowances, home payment, family composition, or prior resident history will be grounds for disapproval of this application.

Questions relating to handicap or disability:

Answers to questions on your application concerning handicap or disability status are *optional*. But please note that families with handicapped or disabled members may be entitled to (1) certain deductions from income that affect payment or (2) units designed to be accessible for individuals with handicaps or disabilities. This information may affect your payment or your eligibility to live in an accessible unit.

If you answer the questions relating to handicap or disability, we will need to verify that you or a family member are handicapped or disabled. We do not need to know the

nature, extent, or current condition of the handicap or disability. But we will need to know that you meet the federal definitions that apply to these terms and that you can abide by the terms of our lease.

Information you provide on handicap or disability status will be treated as confidential by management in accordance with appropriate program guidelines for federal, state, or local agencies.

Housing Requirements Questionnaire:

Please complete the Housing Requirements Questionnaire that accompanies your application. This information is needed to assign you a unit appropriate to any needs that exist for your family. Your answers will be verified. If, however, there are no family members with a handicap or disability, or if you do not wish to complete the document for any reason, simply indicate that choice in the space provided at the top of the document. The choice not to complete this document will not in any way affect the processing of your application for a home.

You must inform the Housing Division of any change in address or telephone number*.

Checklist for Application

Application must be completed, dated and signed in ink
Return the application with a copy of the following documents.

- A _____ **Creek Citizenship Card for all family members, if applicable.**
- B _____ **Non-Creek Tribal Citizenship Card/CDIB Card for all family members if applicable.**
- C _____ **Social Security Cards for all family members.**
- D _____ **Income Verification, or sign the enclosed income verification for Social Security, DHS, VA. (Copy of check stubs will not be accepted.)**
- E _____ **Copy of completed prior years federal tax form, this includes W-2's.**

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

In order to process your application the above documents are needed.

Section A	GENERAL INFORMATION
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Applicants Name:

First Middle Last Maiden

Nickname: _____ Age: _____

Tribe: _____ Degree: _____

Roll Number: _____
(Provide copy of Citizenship and/or CDIB Cards)

Spouse/Other Name:

First Middle Last Maiden

Nickname: _____ Age: _____

Tribe: _____ Degree: _____

Roll Number: _____
(Provide copy of Citizenship and/or CDIB Cards)

Residence Address:

Address _____

City State Zip

Telephone Number: _____

How long at this address? _____

Message Number: _____

Contact Person: _____

Section B	HOUSING INFORMATION
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Present Housing: Rent _____ Own _____ Buying _____ Living with Relatives _____

If renting or buying:

NAME OF LANDLORD OR MORTGAGE HOLDER _____

Address _____

City State Zip

Telephone Number: _____

If living with Relatives:

NAME OF RELATIVE _____ (RELATION) _____

Address _____

City State Zip

Telephone Number: _____

Previous Address: _____
Address City State Zip How Long?

Landlords Name: _____ Telephone number: _____

Address: _____ City: _____ State: _____ Zip: _____

- Have you ever been housed by this or any other Housing Authority? YES NO
If so, by whom, where & when? _____
- Have you or your spouse ever owned or co-owned a Mutual Help Home (Indian Home)? _____
If yes under what name? _____ When? _____
- Have you ever been evicted from this or any other Housing Authority? YES NO
If so, by whom, where & when? _____

<i>Section C</i>	FAMILY COMPOSITION
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Total number of persons to be living in the home: _____

FAMILY COMPOSITION				
NAME	RELATIONSHIP	BIRTHDATE	SOCIAL SECURITY#	PLACE OF BIRTH
	HEAD			

CHILDREN UNDER 18 WILL NOT BE ALLOWED TO LIVE IN ELDERLY HOUSING.

AUTOMOBILE(S): Make Model Year Lic. Plate # Driver's Lic #

<i>Section D</i>	EMPLOYMENT
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Applicant _____ Spouse/Other _____
Employer: _____ Employer: _____

Do you or any members listed above receive any other income not mentioned? _____

FAMILY MEMBER	SOURCE	MONTHLY AMOUNT

<i>Section E</i>	CONTACT
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IN CASE OF AN EMERGENCY, PLEASE NOTIFY:

	Name	Number
1.	_____	_____
	RELATION	
2.	_____	_____
	RELATION	
3.	_____	_____
	RELATION	

In case of a serious illness, accident or death, is this person authorized to enter and remove all of resident's property? Yes _____ No _____

<i>Section G</i>	SIGNATURES
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I have answered all questions to the best of my ability and knowledge, and authorize the Muscogee (Creek) Nation Division of Housing to communicate with the above individuals and/or companies in processing my application. THIS APPLICATION IS NOT A BINDING CONTRACT AND DOES NOT BIND EITHER PARTY. The above information is true and correct and I realize falsification is automatic reason for this application to become null and void and the applicant shall be considered ineligible for the program. Providing false information is Punishable by Section 1001 of Title 18 of the U.S. Code. It is a criminal offense to make willful, false statements for misrepresentations of any material fact involving the use or obtaining of federal funds.

Applicant

Spouse/Other

Date

Date

Approved / Disapproved

Date: _____ Time: _____

Elderly Housing. Manager

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

PHA requesting release of information; (Cross out space if none) (Full address, name of contact person, and date)	IHA requesting release of information: (Cross out space if none) (Full address, name of contact person, and date) Muscogee (Creek Nation) Division of Housing P.O. Box 297 Okmulgee, Oklahoma 74447 (918) 756-8504/1-800-259-5050 Counselor: _____ Date: _____
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Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to Has for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form.
Private owners may not request or receive information authorized by this form.

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Authorization for the Release of Information/ Privacy Act Notice Page 2 of 2

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures

<hr/>	<hr/>	<hr/>	<hr/>
Head of Household	Date	Other Family Member over age 18	Date
<hr/>			
Social Security Number (if any) of Head of Household			
<hr/>			
Spouse	Date	Other Family Member over age 18	Date
<hr/>			
Other Family Member over age 18	Date	Other Family Member over age 18	Date
<hr/>			
Other Family Member over age 18	Date	Other Family Member over age 18	Date
<hr/>			

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

Original is retained by the requesting organization.

ref. Handbooks 7420.7, 7420.8, & 7465.1

form **HUD-9886** (7/94)

FAMILY ASSETS

BANKING VERIFICATION

- Do you have a checking account? ____ Yes ____ No. If yes, give name and address of bank(s)

- Do you have a Savings Account? ____ Yes ____ No. If yes, give name and address of bank(s)

- Do you have Stocks and/or Bonds? ____ Yes ____ No. If yes, list agency from which these were purchased: _____ Value? _____
- Do you own interest in and receive revenue checks from an oil or gas lease? _____
If yes, how much is the monthly check? _____ List name and address of the company: _____
Owner number(s): _____
- Do you own land? ____ Yes ____ No. If yes, number of acres and value: _____
Is this land restricted? _____
- Have you disposed of assets within the past 2 years? (example: house, land or money)
____ Yes ____ No. If yes, what assets were disposed of _____
Date of disposition: _____ Amount received: _____

MEDICAL EXPENSES (AGE 62 AND OLDER)

- Are you receiving Medicare benefits through Social Security? ____ Are you receiving medical assistance through DHS? ____ Do you purchase prescription medication that is not covered by these agencies? ____ (These are out-of-pocket expenses), Monthly cost \$ _____
Name, address, and telephone number of Pharmacy medication is purchased: _____
Current receipts may be required
- Do you pay for medical or health insurance?: (Out-of-pocket expenses) ____ Yes ____ No
Name and address of company _____
Policy number(s) _____
- Do you make regular monthly payments on outstanding medical bills? ____ If yes, please circle those that apply to you: **Doctor**, **Hospital Clinic**, or **Other**. List the names of each item you have checked: _____ Amount being paid to each: _____
Written documentation may be requested

I have to the best of my knowledge given true and correct information as to the information above and I understand that any false statements or information is punishable under Federal Law.

Head of Household

Spouse/Other

Date

Notice To All Applicants: Options for Applicants with Disabilities or Handicaps

The Muscogee (Creek) Nation Division of Housing is not permitted to discriminate against applicants on the basis of their religion, sex, family status, disability or handicap. Compliance actions may include reasonable accommodations as well as structural modifications to the unit or premises.

A reasonable accommodation is some modification or change that we can make to the policies or procedures that will assist an otherwise eligible applicant with a disability to take advantage of the programs under which we operate. Examples of reasonable accommodations and structural modifications include, but are not limited to:

- Making reasonable alterations to a unit so it could be used by a family member with a wheelchair;
- Installing strobe type flashing-light smoke detectors in an apartment for a family with a hearing-impaired member;
- Permitting a family to have a seeing-eye dog to assist a vision-impaired family member where existing pet rules would not allow the dog;
- Making large type documents or a reader available to a vision-impaired applicant during the application process;
- Making a sign language interpreter available to a hearing-impaired applicant during the application process;

- Permitting an outside agency to assist an applicant with a disability to meet the property's applicant screening criteria.

An applicant family that has a member with a disability must still be able to meet essential obligations of Elderly rental--they must be able to pay, to maintain their home in a safe and sanitary condition, to report required information to the Division, to avoid disturbing their neighbors, etc., but there is no requirement that they be able to do these thing without assistance.

If you or a member of your family have a disability or handicap and think you might need or want a reasonable accommodation, you may request it at any time in the application process or after admission. This is up to you. If you would prefer not to discuss your situation with management, that is your right.

The next page of this application is a *Housing Requirements Questionnaire*. If you wish to complete the document and provide management with information regarding any family member with a handicap or disability, please do so. If no family member has a handicap or disability, or if you do not wish to complete the questionnaire for any reason, please indicate so, sign the form, and return to Counselor.

Special Needs Requirements Questionnaire

Please read the following regarding this questionnaire:

Completing this questionnaire is optional on your part. **IF YOU CHOOSE NOT TO COMPLETE THIS FORM, PLEASE CHECK THE BOX THAT INDICATES THAT CHOICE, SIGN AND DATE THE FORM, AND RETURN IT TO THE COUNSELOR.** The choice not to complete this questionnaire will not in anyway affect the processing of your application for a unit.

IF YOU CHOOSE TO COMPLETE THIS FORM, please check the box that indicates your choice to furnish this information, complete the information requested, sign and date the form, and return it to the Counselor.

Please sign, date, and fill in social security number below, then indicate whether or not you choose to complete the following information.

Applicant's Signature

Social Security Number

Date

____ Yes, I choose to complete this questionnaire. ____ No, I do not choose to complete this questionnaire

Information relative to the housing requirements of applicant's family:

1. Do you, or any member of your family, have a condition that requires:

- | | |
|--------------------------------|----------------------------------------------|
| ____ A separate bedroom | ____ Unit for vision-impaired |
| ____ One-level home | ____ Physical modification to a typical home |
| ____ Unit for hearing-impaired | ____ Special parking space |
| ____ A barrier-free apartment | ____ Bedroom/Bath on first floor |
| ____ Other _____ | |

2. If you checked any of the above listed categories of units, please explain exactly what you need to accommodate your situation.

3. What is the name of the family member who needs the features identified above?

4. Do you or any of your family members need special features to go up and down stairs other than traditional railings? ____ Yes ____ No

5. Will you or any of your family members require a live-in aide to assist you? ____ Yes ____ No

6. Who would be contacted to verify your need for the features you have identified above (e.g., a doctor or social service agency)?

Name: _____ Telephone number: _____

Address: _____

City, State, Zip _____

**MUSCOGEE (CREEK) NATION
DIVISION OF HOUSING**

Release for "NCIC" and "III" Check

I/We, _____,
Applicant Name (first) Middle Last Maiden

_____, hereby
Spouse/Other (first) Middle Last Maiden

give permission for the **Release of Information** concerning a **National Crime Information Center check**, and an **Interstate Information check** to the Muscogee (Creek) Nation Division of Housing to be used to determine eligibility for housing assistance.

_____ Applicants Signature	_____ Social Security Number.	_____ Date
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_____ Spouse/Other Signature	_____ Social Security Number	_____ Date
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_____ Household Member 18 or over	_____ Social Security Number	_____ Date
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_____ Household Member 18 or over	_____ Social Security Number	_____ Date
--------------------------------------	---------------------------------	---------------

**MUSCOGEE (CREEK) NATION
DIVISION OF HOUSING**

INCOME VERIFICATION

Personnel:

Regulations require the Muscogee (Creek) Nation Division of Housing to annually verify the income of families participating in our Elderly Housing Program. The person whose name appears below has given his/her written consent for the release of his/her income to the Housing Division. This information is for the purpose of determining monthly rental payment (TTP) only and will be kept confidential.

Applicants Name (Please Print)

Spouse/Other (Please print)

Employee Signature

Date

Social Security number

Company Name

Address

Address

City State Zip

City State Zip

Telephone Number

Telephone Number

THIS SECTION IS TO BE COMPLETED BY EMPLOYER

Current Number of hours worked per week: _____

If hours vary, state year-to-date earnings: _____

Current base pay rate (gross) \$ _____ HOURLY WEEKLY BI-WEEKLY MONTHLY YEARLY

Other (Explain) _____

Seasonal: _____ Part-time: _____ Full-time: _____

If seasonal or sporadic employment, give lay-off periods: _____

Date employee hired: _____ Date employee terminated: _____

Employee title: _____

Authorized Representative's Signature

Date

Position/Title

MUSCOGEE (CREEK) NATION DIVISION OF HOUSING

UNEMPLOYMENT STATEMENT

DATE: _____

TO WHOM IT MAY CONCERN:

I, _____, hereby state that I am not presently employed or receiving any other income.

The only source of income I have is _____.

Applicant's Signature

Date

Subscribed and sworn to, before me, this _____ Day of _____ 20____.

Notary Public

NOTE: When signing this statement, and if this is not sufficient documentation of the income status and we have found this statement to be incorrect, the Housing Division does have the right to investigate the participant.

MUSCOGEE CREEK NATION DIVISION OF HOUSING

P.O. Box 297 / Okmulgee, OK 74447 / 918.756.8504 / 1.800.259.5050

Authorization of Release of Information to the US Social Security Administration

USE THIS FORM IF YOU RECEIVE INCOME FROM THE SSA

Participant: _____ Account #: _____

Address: _____

City/State/Zip: _____

I consent to allow the Muscogee (Creek) Nation Division of Housing to request and obtain income information from the US Social Security Administration. The income information obtained is for the purpose of verifying my eligibility and benefits under the Housing Division programs. I understand that any false representation to knowingly and willfully obtain information from any agency records is punishable by a fine of not more than \$5,000 or 1 year in prison.

This consent form expires 6 months after signed.

_____ Signature of Head of Household	_____ Social Security Number	_____ Date
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_____ Signature of Other Household Member	_____ Social Security Number	_____ Date
----------------------------------------------	---------------------------------	---------------

_____ Signature of Other Household Member	_____ Social Security Number	_____ Date
----------------------------------------------	---------------------------------	---------------

_____ Signature of Other Household Member	_____ Social Security Number	_____ Date
----------------------------------------------	---------------------------------	---------------

**MUSCOGEE CREEK NATION
DIVISION OF HOUSING
AGENCY INCOME VERIFICATION
(Veterans, DHS)**

Participant: _____ Claim #: _____

Address: _____ Date of Birth: _____
(Only applies to VA recipients)

City/State/Zip: _____

USE THIS FORM IF IT APPLIES TO A SOURCE OF YOUR INCOME

The client whose name appears above has indicated that he/she is receiving income from your agency. If you would supply the requested information regarding the income on your client, a prompt reply will be appreciated since we are required to complete our determinations within a specified time.

CLIENT: I am the individual to whom the record pertains. I understand that any false representation to knowingly and willfully obtain information from any agency records is punishable by a fine of not more than \$5,000 or 1 year in prison.

Signature of Head of Household

Social Security #/Claim Number

Signature of Spouse/Other

Social Security #/Claim Number

Signature

Social Security #/Claim Number

DO NOT WRITE BELOW THIS LINE **AGENCY USE ONLY**

Requesting TPQY Yes _____ No _____

	VA	DHS
HEAD OF HOUSEHOLD	\$	\$
SPOUSE/OTHER	\$	\$
OTHERS	\$	\$

Does the recipient receive any other funds from any other source? (i.e. pensions, royalties) If yes, please explain

By: _____ Phone # () _____

Title: _____ Date: _____

MUSCOGEE CREEK NATION DIVISION OF HOUSING

NON-FILING STATUS FORM

I, hereby state that I/we did not file _____ State or Federal Income Tax due to the following reason(s):
year

PLEASE CHECK ALL THAT APPLY

Not enough income _____

Receiving Child Support _____

Receiving DHS Assistance _____

Receiving Social Security _____

Receiving VA Benefit _____

Receiving SSI _____

I/We certify that the information given is true and correct to the best of my/our knowledge. I/We understand that false statements of information are grounds for termination of Housing Assistance and termination of Residency, and is subject to a \$10,000 fine, imprisonment up to five (5) years.

Applicant's Printed Name

Spouse's Printed Name

Applicant's Signature

Date

Spouse's Signature

Date

NOTE: If this is not sufficient documentation of the income status, and we have found this statement is incorrect, the Housing Division and HUD does have the right to investigate the applicant/resident.

Counselor's Signature

Date

MUSCOGEE CREEK NATION

APPLICANT CERTIFICATION

I / We certify that the information given to the Muscogee (Creek) Nation Division of Housing on household composition, income, and net family assets is accurate and complete to the best of my knowledge. I understand that false statements or information are punishable under federal law. I / We also understand that false statements or information are grounds for termination of housing assistance.

I/We the applicants(s) certify that the housing I/we will occupy is/will be my permanent residence. I/we further certify that I do/will not maintain a separate home in a different location. _____ Applicant initials.

Applicant Signature

Spouse / Other Signature

Date

Date

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National toll-free hotline at 1-800-424-8590.

MUSCOGEE CREEK NATION

DIVISION OF HOUSING

Name _____ Spouse _____

S.S.# _____ S.S.# _____

DOB _____ DOB _____

This will authorize the Muscogee (Creek Nation) Division of Housing to obtain any information regarding my past history from previous landlords.

APPLICANT'S SIGNATURE DATE

CN ADMISSIONS COUNSELOR'S SIGNATURE DATE

APPLICANT'S SPOUSE/OTHER DATE

THIS APPLICANT HAS APPLIED FOR HOUSING WITH THE CREEK NATION ELDERLY HOUSING PROGRAM. WE WOULD APPRECIATE YOUR COMPLETION AND EARLY RETURN OF THIS FORM.

THE APPLICANT WAS YOUR TENANT AT _____
Property Address City State Zip

DOES THIS PERSON OWE A BACK BALANCE? YES ____ (IF YES \$ _____) NO ____
HOW MUCH IS THE RENT FOR THIS APARTMENT / HOUSE? \$ _____
(please circle)

PLEASE COMPLETE THE FOLLOWING INFORMATION:

	EXCELLENT	GOOD	FAIR	POOR
RENT PAYING HABITS				
HOUSEKEEPING HABITS				
ABILITY TO GET ALONG WITH NEIGHBORS				

DATES OF OCCUPANCY: FROM _____, 20 ____ TO _____, 20 ____

WOULD YOU ACCEPT THE ABOVE AS A TENANT AGAIN? YES ____ NO ____

COMMENTS: _____

LANDLORDS SIGNATURE

PHONE NUMBER

ADDRESS

CITY STATE ZIP